

Request for payment by BACS

Name	<input type="text"/>	Reference	<input type="text"/>
Address	<input type="text"/>		

Contact phone no.	<input type="text"/>
Bank or building society	<input type="text"/>
Branch	<input type="text"/>
Account name	<input type="text"/>
Sort code	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
Account Number	<input type="text"/>
Roll Number (if Building Society Account)	<input type="text"/>

PLEASE SIGN THIS DECLARATION BELOW

Signature	<input type="text"/>	Date	<input type="text"/>
E-mail	<input type="text"/>	Telephone	<input type="text"/>

Please return completed form to: - Benefits Service, Civic Centre, Regent Street,
Gateshead, NE8 1HH